

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$309.75 for date of service, 08/07/01.
- b. The request was received on 06/26/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 07/24/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement.
2. Respondent: No response statement.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/07/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$1,026.75 for services rendered on the date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$717.00 for services rendered on the date above.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$309.75 for services rendered on the date of service in dispute above.
6. The Requestor has submitted the Carrier's reconsideration EOBs that state, "QQ – Duplicate charge previously processed" and "O – DENIAL AFTER RECONSIDERATION; D- DUPLICATE CHARGE". My request for the initial denial EOBs from the Carrier resulted in a fax of the same EOBs. It would appear there are no initial EOBs available for review. Therefore, the CPT Codes denied will be reviewed as a "F" denial.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/07/01	E0245 NU	\$110.00	\$93.50	F	No MAR	MFG; DME Ground Rules (IX); TWCC Rule 133.307 (g) (3) (B) (C) (D)	No documentation was noted in the dispute packet to support the codes billed. Pursuant to the MFG, "A statement of medical necessity, along with the order or prescription appropriate for the equipment/supplies shall accompany initial claims for the rental or purchase of DME. There was no documentation noted to support that the DME was administered to the patient.
08/07/01	E1399	\$112.00	\$50.00				
08/07/01	E0236 NU	\$494.00	\$419.90				
08/07/01	E1399	\$75.00	\$58.00				
08/07/01	E1399	\$155.00	\$50.60				
08/07/01	E0215 NU	\$80.75	\$45.00				
							Therefore, no reimbursement is recommended.
Totals		\$1026.75	\$717.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 2nd day of December 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt